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Security Council

Seventy-first year

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Wednesday, 28 September 2016, 10 a.m.
New York

President:	Mr. Van Bohemen	(New Zealand)
Members:	Angola	Mr. Gaspar Martins
	China	Mr. Wu Haitao
	Egypt	Mr. Aboulatta
	France	Mr. Delattre
	Japan	Mr. Okamura
	Malaysia	Mr. Ibrahim
	Russian Federation	Mr. Zagaynov
	Senegal	Mr. Barro
	Spain	Mr. Oyarzun Marchesi
	Ukraine	Mr. Fesko
	United Kingdom of Great Britain and Northern Ireland	Mr. Wilson
	United States of America	Ms. Sison
	Uruguay	Mr. Rosselli
	Venezuela (Bolivarian Republic of)	Mr. Ramirez Carreño

Agenda

Protection of civilians in armed conflict

Health care in armed conflict

Letter dated 18 August 2016 from the Secretary-General addressed to the President of the Security Council (S/2016/722)

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The meeting was called to order at 10.05 a.m.

Adoption of the agenda

The agenda was adopted.

Protection of civilians in armed conflict

Health care in armed conflict

Letter dated 18 August 2016 from the Secretary-General addressed to the President of the Security Council (S/2016/722)

The President: In accordance with rule 39 of the Council's provisional rules of procedure, I invite the following briefers to participate in this meeting: Ms. Joanne Liu, International President of Médecins Sans Frontières, and Mr. Peter Maurer, President of the International Committee of the Red Cross.

Mr. Maurer is joining us via video-teleconference from Geneva.

The Security Council will now begin its consideration of the item on its agenda.

I wish to draw the attention of Council members to document S/2016/722, which contains a letter dated 18 August 2016 from the Secretary-General addressed to the President of the Security Council.

I now give the floor to the Secretary-General, His Excellency Mr. Ban Ki-moon.

The Secretary-General: I thank New Zealand for convening today's debate, and I welcome Mr. Peter Maurer, President of the International Committee of the Red Cross (ICRC), and Ms. Joanne Liu, International President of Médecins Sans Frontières (MSF). ICRC and MSF play a critical role in providing health care in the most difficult and dangerous circumstances. I pay tribute to their staff and all medical personnel under fire for their dedication and professionalism.

This morning, we awoke to reports of strikes on two more hospitals in Aleppo. Let us be clear — those using ever-more destructive weapons know exactly what they are doing. They know they are committing war crimes. We can only imagine the destruction — people with limbs blown off; children in terrible pain with no relief, infected, suffering and dying, with nowhere to go and no end in sight. Let us imagine a slaughterhouse. This is worse. Even a slaughterhouse is more humane. Hospitals, clinics, ambulances and medical staff in Aleppo are under attack around the clock.

According to Physicians for Human Rights, 95 per cent of medical personnel who were in Aleppo before the war have fled, been detained or killed. This is a war against Syria's health workers. One medical professional spoke of how he endured the difficulty and the dangers. "This is Aleppo", he said. "We do not have time to be scared. We are being crushed like bugs daily, and the world has abandoned us."

The global public does not distinguish between Member States, the Security Council and the Secretary-General. They know only one thing — the world has let them down. We have let them down. There must be action. There must be accountability. International law is clear — medical workers, facilities and transports must be protected. The wounded and sick, civilians and fighters alike, must be spared. Deliberate attacks on hospitals are war crimes. Denying people access to essential health care violates international humanitarian law.

On 3 May, the Council adopted resolution 2286 (2016) on the protection of medical care in armed conflict around the world. Since May, there has been no let-up. In Hajjah, Yemen, 19 people were killed last month in an attack on a hospital run by Médecins Sans Frontières. This forced the organization to evacuate its staff from six hospitals in the area, with untold consequences for sick and injured women, children and men. In Pakistan, more than 70 people were killed in a suicide attack on Sandeman Provincial hospital on 8 August. And in Syria, the carnage continues and no one is spared.

The World Humanitarian Summit and the Agenda for Humanity reaffirmed that safeguarding humanity in armed conflict must be a priority. The Council has a unique responsibility and influence in that area. Resolution 2286 (2016) urges parties to armed conflict and Member States to take concrete action. The recommendations I have submitted to the Council provide detailed steps to improve the protection of medical staff and facilities, as well as the wounded and sick.

First is prevention. Member States should do all they can to promote respect for medical care in armed conflict; align national legislation with international humanitarian law; establish dialogue among medical personnel, civil society organizations

and the authorities; train all those involved in the laws and standards that apply; and ensure that decisions on foreign policy, including those involving weapons sales and transfers, respect the provision of medical care in conflict.

Second is protection. Member States and parties to conflict must take precautions to safeguard medical facilities and personnel when they plan and conduct military operations. My recommendations cover military orders, the location of targets, visible military presence in and around medical facilities, the issuing of advance warnings and evacuations, among other aspects.

Third is accountability. Member States and parties to conflict should ensure that those responsible for violations are prosecuted and punished. They should also provide reparations and support to people and communities affected by such attacks. That will mean conducting systematic and impartial investigations into specific incidents and collecting and analysing better and more extensive data.

Attacks and access restrictions on medical care are signs of a broader erosion of respect for international humanitarian law. Failure to act is an affront to our shared humanity. It undermines States' legal obligations and the multilateral system as a whole. Building on pledges made at the World Humanitarian Summit, we need a global effort to enhance respect for the laws that safeguard humanity.

The Council has a key role to play. I call on members to take decisive steps so that protecting health care facilities and personnel during conflict moves from aspiration to reality. More than this, I urge them to overcome their divisions and meet their responsibilities in Syria and around the world.

The President: I thank the Secretary-General for his briefing.

I now give the floor to Ms. Liu.

Ms. Liu: Last week, the world witnessed a savage attack on a United Nations and Syrian Arab Red Crescent humanitarian convoy and on a hospital near Aleppo. Secretary-General Ban Ki Moon said: "Just when we think it cannot get any worse, the bar of depravity sinks lower". Indeed, it does.

The conduct of war today knows no limits. It is a race to the bottom. The unrelenting assault on Aleppo by Russian and Syrian forces over recent days — with no evacuations possible and bodies lying unburied — testifies to that. On 3 May, the Council unanimously adopted resolution 2286 (2016). Council members pledged to protect civilians and the medical services they need to survive. The adopted the resolution in the wake of the obliteration of Al-Quds Hospital in Aleppo by the Syrian Government and its allies. It was just the latest in a staggering number of such attacks.

Five months later, the resolution has plainly failed to change anything on the ground. This failure reflects a lack of political will among Member States fighting in coalitions and those who enable them. There can be no more waiting. Council member should make their pledges operational.

Since the resolution was adopted, Médecins Sans Frontières (MSF) alone has experienced more horrific attacks. In early August, our hospital in Abs, Yemen, was destroyed in a Saudi-led coalition airstrike. Nineteen people,including patients and health workers, were killed. The GPS coordinates of that fully functioning hospital had been shared with belligerents, including the Saudi military. It did not matter. It was the fourth such attack against MSF facilities in Yemen in less than one year — killing 32 people and injuring 51 in total. Our team had to withdraw from the north of Yemen, leaving scores behind with reduced medical care, which Saudi carpet-bombing then further reduced. The Saudi-led coalition and its opponents are so negligent, and their rules of engagement so loose, that this war truly stands apart. Many attacks are brushed off as mistakes committed in the fog of war. Let me be clear —we reject the word "mistake".

In Syria, the attacks never stop. Doctors in Aleppo pull their weakest patients off ventilators so that someone else can get a chance. But ventilators are made for the weakest cases. This is desperate, desperate medicine. Just this morning, two more hospitals in eastern Aleppo were struck, leading to their temporary shutdown. In one, the intensive care unit was severely damaged. Besieged, our Syrian colleagues are there for the duration. When it is their turn, they will die there, they tell us, with their patients. We deplore the lack of control over hostilities. This free-for-all is a choice. There is a method in the madness. In both Yemen and Syria, four of the five permanent members of the Council are implicated in these attacks.

In an age when counter-terrorism shapes war, a license to kill has been issued. We call on Council members again to revoke that license, whether or not their enemies are receiving the medical care that is attacked, because throwing medical impartiality to the wind is also becoming a new norm of warfare. Military action and humanitarian needs must be balanced. Attacking hospitals and medical workers is a non-negotiable red line. As such, it must be set out — in clear and simple terms — in all military manuals, rules of engagement and standard operating procedures. Too often, unverified intelligence, or opaque claims that a hospital is a command-and-control centre is justification enough for an attack. To stop that, there must be accountability. There must be credible investigations — and not just by the perpetrators.

I deliver this message almost one year to the day that United States forces destroyed the Médecins sans Frontieres hospital in Kunduz, Afghanistan. We are still waiting for an independent investigation into how 42 patients, hospital staff and caregivers were killed while simply receiving and providing medical care.

We appeal to the Council to immediately endorse and implement the Secretary-General's recommendations — in particular the call for independent and effective investigations. We also urgently request that the Secretary-General appoint a special representative mandated to document and report attacks on medical facilities, health personnel, and patients. Impunity must end. Only political pressure and accountability will bring that about. In short, the Council must make its resolution operational. Stop bombing hospitals. Stop bombing health workers. Stop bombing patients.

The President: I thank Ms. Liu for her briefing.

I now give the floor to Mr. Maurer.

Mr. Maurer: We met in New York exactly 149 days ago for the adoption of resolution 2286 (2016), which many of us appreciated for its clarity in language, commitment to international humanitarian law and design of concrete follow-up. In the five months that have passed since then, however, attacks on health care personnel facilities and vehicles have certainly not ceased. The situation in many countries remains deeply alarming.

In Syria, for instance, on all sides of the front lines, health facilities and personnel regularly come under fire or are forced to close due to heavy clashes. Just a few hours ago, the two largest hospitals in Aleppo were reportedly attacked. Patients were killed and medical staff were injured. All across the country, many hospitals are no longer functional, leaving injured people with little hope of getting life-saving medical assistance. The violence, the disruption of the electricity and water supplies, and the lack of medicines have severely jeopardized access to health care.

In Yemen, one-quarter of all health services have reportedly either been destroyed or shut down at a time when there are more injured people than ever. Just over a month ago, a Médecins Sans Frontières supported hospital in Hajjah governorate, Yemen, was hit and 90 people were killed — and that is just a tip of the iceberg. The list continues — Afghanistan, South Sudan, Central African Republic, the Democratic Republic of the Congo, Libya and so on. Unfortunately, the trend described previously continues unabatedly. The behaviour of actors on the battlefield has not changed over the past couple of months, nor have belligerents been seen to factor humanitarian consequences more prominently into their military decision-making. Health systems continue to disintegrate under the cumulative impact of violence, leaving millions of people in highly fragile conditions.

Although we have not seen progress on the battlefield, at least here at the United Nations the community of States has resolved to work on this issue. First, the International Committee of the Red Cross (ICRC) is pleased to see the leadership of the Council reaffirming the continued validity of international humanitarian law as the universally agreed framework for the protection of the wounded and sick and the delivery of medical care in armed conflict. We must remain confident and demonstrate through our actions that, even in the most trying circumstances, international humanitarian law remains relevant and can make a difference for people bearing the brunt of war.

Secondly, specific recommendations and measures for the protection of health care in conflict are now integrated in official resolutions. At the International Conference of the Red Cross and Red Crescent, the resolution to protect health care in armed conflict was unanimously adopted. The Security Council unanimously adopted resolution 2286 (2016). Eighty-five countries supported it and we now have a solid foundation from which to promote such measures.

But it is clear that more concrete action is necessary. The ICRC notes with appreciation the letter of the Secretary-General addressed to the States Members of the United Nations (S/2016/722, annex), as a follow-up to resolution 2286 (2016) and delineating a clear road map for implementation. We appreciate having been consulted on the content of the letter and for the opportunity to provide input.

From our perspective, being close to the victims when negotiating humanitarian access with weapons-bearers on all sides and from the information collected through the Red Cross and Red Crescent Movement's Health care in Danger initiative, we believe that there are four areas where concrete measures must be taken.

First, on legislation, States must strengthen domestic legislation protecting access to health care as is their obligation under international law. They must ensure that national laws recognize the role of first responders, often staff and volunteers from national Red Cross and Red Crescent societies. States must do everything in their power to enforce existing legal sanctions so that they act as a deterrent.

Secondly, on data collection, we encourage States and other relevant actors to set up national and international systems to collect and analyse data on the occurrence of violence against health care personnel, facilities, medical transports and patients and convene multi-stakeholder meetings to regularly share challenges and good practices on preventing and addressing acts of violence against the delivery of health care.

Thirdly, on accountability, I ask the Council to ensure that acts of violence against the delivery of health care that amounts to grave breaches of the Geneva Conventions are penalized as such in domestic legal orders. We would like to see the strengthening of capacities to enable full, prompt, impartial, independent and effective investigations, ensuring enhanced accountability and addressing the grievances of victims.

Lastly, on preparedness and prevention, we ask States and other relevant actors to adopt contingency plans. Such plans would be adopted in anticipation of situations that could jeopardize the organization and provision of assistance to the sick and the wounded and to develop practical measures for armed forces to minimize disruptions to health-care services during the planning and conduct of military operations and incorporate them into orders, rules of engagement, training and standard operating procedures and other relevant documents.

I would like to renew ICRC's offer today to build a more constructive relationship of deep operational engagement, feedback, dialogue and corrective measures with all parties to conflicts on the conduct of hostilities. That may eventually help to re-establish trust among belligerents that the law is not only applicable because of the sanctions and accountability processes attached to it, but as a useful and necessary tool in the interest of all. In that regard, let me make the following comment.

I do understand and respect the role of the Council to offer political positions and guidelines with regard to international peace and security. In dealing with the issue of international humanitarian law and its implementation, the Council must still factor into its reflections the importance of trust, confidence and consensus among belligerents that can best be promoted through mutual, impartial and independent intermediaries able to maintain the confidence of the parties to the conflict, as stated in the Geneva Conventions. It is important, therefore, that, while united around the table today, we also understand and respect our roles and responsibilities as political and humanitarian actors.

One hundred and forty nine days ago, the Council took historic measures and your presence here today, Sir, attests to your commitment to the protection of patients and health-care workers everywhere. But meanwhile, men and women, girls and boys, doctors and nurses, continue to run to the basements when they hear planes and rockets approaching. They continue to pull their loved ones out from the rubble of destroyed hospitals. They continue to fear armed men stopping their ambulances. Much stronger engagement is needed to turn our commitment into a reality on the ground, to make a real difference for people suffering in wars. I urge the Council to continue to push.

The President: I thank Mr. Maurer for his briefing.

I shall now give the floor to the members of the Security Council.

Mr. Oyarzun Marchesi (Spain) (*spoke in Spanish*): I thank the Secretary-General for his report (S/2016/722, annex) and for his dedication. I thank Ms. Liu and Mr. Maurer for their respective briefings.

I have listened with the utmost attention to Ms. Liu and have taken on board her proposal that the Secretary-General assign a Special Representative to deal with these issues. I have also listened attentively to my good friend Mr. Maurer regarding his four proposals on legislation, data collection, accountability and the adoption of contingency plans. Above all, I thank them for the outstanding work they are doing for the enormous number of people around the world who are working to save the lives of others, often sacrificing their own lives in the process.

Spain was one of the sponsors of resolution 2286 (2016). When did the idea crop up? The idea arose at a meeting on the humanitarian crisis in Syria at the beginning of the year between Spain, New Zealand and Médecins Sans Frontières (MSF). That is why today I wished to exercise some self-criticism on the basis of the report of the Secretary-General in order to analyse the role that Security Council members should play and the response that the Council should give as a collective body with regard to attacks on doctors and hospitals.

I would like to begin by expressing our full support for the recommendations of the Secretary-General, which show us the path we should follow to comply with resolution 2286 (2016). Some of those recommendations could have immediate effect on the ground, of which I shall cite two examples. The first is reforming the rules of engagement to prohibit a military presence and the stockpiling of military materiel in the vicinity of hospitals and other medical facilities. The second is the use of new technologies to prevent attacks and, if necessary, to document incidents. We would call upon all Member States to put those measures into practice as a matter of urgency.

Furthermore, I would like to address the role of members of the Council. It is obvious that we have the responsibility to be realistic; we have to accept that attacks on health-care workers during armed conflicts cannot be curbed by a simple resolution. Nevertheless, resolution 2286 (2016) can serve as a basis for a change of culture within the Security Council. Accordingly, members of the Council, particularly those that sponsored the initiative, are especially responsible in this area.

We must bear in mind the need to protect doctors and hospitals in all decisions made by the Council, from the mandates for peacekeeping operations — which we are constantly revising — to the Security Council Working Group on Children and Armed Conflict and the dialogues that we have with the Special Envoys of the Secretary-General.

This change of culture also implies maintaining more regular contact with specialized organizations in order to benefit from the exchange of information and to find solutions. As far as Spain is concerned, we are following up on all our activities with the aim of producing a best practices guide for future members of the Security Council. This will be the legacy we leave in this area.

Our first impression during the five months since resolution 2286 (2016) was adopted is that much still remains to be done. We are also part of the Group of Friends of Resolution 2286 (2016), which is already under way in Geneva, and Spain would like to convene a meeting of this Group at least once a year here in New York.

I shall now briefly address the response that should be given by the Security Council regarding the attacks on doctors and hospitals. This is the most important part of what I have to say, and the great unresolved issue of resolution 2286 (2016): we must recognize that we are failing. We are failing the doctors in Aleppo, as we have done this week. We are failing the MSF clinics that had to close down in Yemen last summer, something we have not forgotten. We are failing the patients of the hospitals that have been bombed in South Sudan. We owe them all an answer.

Once again, the Council has the necessary tools at its disposal. What is lacking in the Council is simple, namley, the political will to take action. The report of the Secretary-General refers to various measures — for example, the use of sanctions and referring certain cases to the International Criminal Court. I would like to state clearly that Spain supports those measures, but we also have other, simpler options within our reach. For example, the Council could, if it had the political will, agree to demand a swift, independent, impartial and effective investigation in response to the most serious attacks, as established in resolution 2286 (2016). I am referring to the attack of 19 September and to the attacks that apparently took place this morning in Aleppo. Spain is prepared to contribute human and material resources so that such investigations can be carried out. However, we need the consensus of all 15 members of the Council. This is where we would ask

for special efforts from those that are directly involved in armed conflicts.

Our commitment to resolution 2286 (2016) is devalued every time we fail to act. As Ms. Liu urged the Council on 3 May (see S/PV.7685), let us use this resolution as a tool to save lives, rather than continuing to devalue the work of the Security Council.

Mr. Barro (Senegal) (*spoke in French*): *Allow me to begin by thanking Secretary-General Ban Ki-moon for his briefing and for the relevant recommendations appended to his letter dated 18 August 2016 (S/2016/722, annex)*. We would also like to thank Ms. Joanne Liu, International President of Médecins Sans Frontières, and Mr. Peter Maurer, President of the International Committee of the Red Cross, for their excellent briefings and the tireless efforts ceaselessly made by their respective organizations on the ground in order to prevent and mitigate attacks committed against medical personnel and facilities in armed conflict zones.

The information we have just received demonstrates — if it was still necessary to do so — the need for the Security Council to undertake the protection of medical personnel, facilities and transport. It is clear that this protection must be respected in times of war. This is why we commend the timeliness of the recommendations on measures to be taken to strengthen the protection of the injured, the sick, medical personnel and humanitarian players, as well as their means of transport, as contained in the aforementioned letter of the Secretary-General. We also endorse the concrete recommendations aimed at preventing acts of violence, attacks and threats against health care in times of armed conflict. In that regard, my delegation backs the idea of that opening investigations into allegations of violations and a commitment to prosecuting the perpetrators of these crimes are essential to strengthening the protection of health care in times of armed conflict.

Furthermore, we believe that the role of United Nations peacekeeping operations needs to be strengthened. This presupposes the need, during the drafting of mandates or the establishment of missions, for capacity-building measures and support for security sector reform and sanctions procedures, and especially to ensure that the resources of peacekeeping operations are commensurate with their mandate. This also presupposes the importance of ensuring that individuals suspected of having committed grave violations of international law relating to the protection of medical care during armed conflicts be brought to justice. It further requires the restoration of basic services, including the reconstruction of medical hospitals or other medical facilities destroyed or damaged during attacks.

In addition to these recommendations of the Secretary-General, we believe that it would be just as relevant to take the following additional measures to counter the attacks and obstructions to access to health care in conflict zones.

First, we must identify all obstacles that prevent access to health care and medical facilities, and to ensure that these obstacles are lifted so as to enable appropriate deployment on the ground.

Secondly, local health-care organizations must be supported so as to ensure that they can provide minimum services thanks to ad hoc solutions that could be identified based on conditions on the ground.

Thirdly, military personnel must receive high-quality training in order to reduce to a minimum disruptions to health-care services, while safeguarding the legitimate security considerations.

Finally, the Security Council must hold debriefing meetings on attacks carried out frequently in specific areas.

In conclusion, I reaffirm Senegal's dedication to the protection of medical personnel and health facilities during armed conflict, an issue that remains at the heart of the Global Health and Foreign Policy initiative of the Oslo Group on Global Health Policy, which our country led in 2015, with the adoption by the General Assembly of resolution 63/33 on strengthening the management of international health crises.

Mr. Rosselli (Uruguay) (*spoke in Spanish*): Today brought us the terrible news of the death of Shimon Peres, to whom we pay deep and sincere tribute. A couple of hours later, we learned of renewed bombings of hospital installations in Aleppo. It would seem that this is a without end tragedy. The five pages of resolution 2286 (2016) apparently have not been worded strongly enough to protect these hospital installations and medical personnel against these horrendous — and as the Secretary-General has called them — cowardly attacks on hospitals and medical personnel working in them.

We thank the Secretary-General for the recommendations that he has prepared, which my country fully supports. We are also very grateful to the International Committee of the Red Cross, through our friend Mr. Peter Maurer — we have taken very good note of his comments — and to the International President of Médecins Sans Frontières, Ms. Liu. We fully support the proposal to establish a post of special representative of the Secretary-General to investigate attacks on hospitals and hospital staff.

My briefing was going to be somewhat longer, but my colleague Román Oyarzun Marchesi basically read out my speech with his comments. I endorse each and every one of his words. Therefore, the only thing that I will stress in particular is the need and the commitment to investigating and punishing these horrendous acts. All preventive measures are necessary and indispensable, but we must also recall that war crimes must be prosecuted to the fullest extent of the law and that we must therefore take all measures necessary to ensure that justice is served and the guilty are duly punished.

Mr. Delattre (France) (*spoke in French*): At the outset, I wish to thank the Secretary-General, the President of the International Committee of the Red Cross (ICRC), Mr. Peter Maurer, and the International President of Médecins Sans frontières (MSF) , Ms. Joanne Liu, for their very inspiring, concrete and operational briefings, which reflect a unanimous desire to put an end to attacks against medical facilities and health-care personnel.

Allow me here, on behalf of France, to again pay tribute to the selflessness, courage and exemplary action of MSF and ICRC personnel and of all humanitarian workers working in increasingly difficult conditions, who have now themselves become targets as a result of their dedication to victims. Their work and commitment are a source of inspiration and admiration.

Whether it be in Syria, South Sudan, Yemen, Iraq, Afghanistan or anywhere else, attacks on health workers have increased over the past few years. The Council had to act, and therefore took up this issue and adopted by consensus resolution 2286 (2016), whose goal is to rapidly strengthen the protection of medical workers and health facilities in conflict zones. I commend in particular the mobilization of the penholders regarding that very important question.

Since the adoption of the resolution, attacks on health workers have continued. The Secretary-General has told the Council that in Syria, eleven hospitals were bombed in August — three in Aleppo, four in Idlib, two in Homs, one in Damascus and another in Darayya. These facilities are now closed. Since mid-July, the eight hospitals that remain open in eastern Aleppo have all been damaged at least once by bombing and shelling — four repeatedly so. Just today, the two largest hospitals in eastern Aleppo were hit by intentional air strikes that temporarily put them out of service. If those are not war crimes, then I honestly do not know what war crimes could possibly be. The Secretary-General — whom I thank on behalf of France — was especially clear on this issue.

In Yemen, the Abs hospital was bombed on 15 August, claiming 19 lives and injuring 24 people and forcing MSF to evacuate its personnel. I could cite numerous other examples.

The Council must follow up on its decisions and has accordingly asked the Secretary-General to submit to it concrete recommendations for the implementation of resolution 2286 (2016). France welcomes the letter (S/2016/722, annex) of the Secretary-General and supports its main recommendations. Similarly, we will give our full consideration to the proposals made by Mr. Peter Maurer and Ms. Joanne Liu.

The increasing attacks against medical facilities and health workers remind us that the principles of humanity enshrined by international humanitarian law need to be applied, strengthened and supported everywhere and in all circumstances. It is a daily struggle. In that regard, France takes this opportunity to call on countries that have not yet done so to ratify the Protocols Additional to the Geneva Conventions.

In addition to the attacks, preventing access to health care is increasingly used by the parties to the conflict as a tool of war. In Syria, the obstruction of the delivery of medical supplies by the authorities continues despite the commitments they have undertaken, and more than 8,000 kits were removed from convoys in August. Access to humanitarian assistance, in particular to medical supplies, must be the norm and not the exception.

Lastly, the protection of medical personnel cannot be effective without fighting impunity. The attacks against hospitals, medical facilities and medical personnel are war crimes. Those responsible must be

brought to justice. Faced with the increasing number of violations of international humanitarian law and human rights, impartial and independent investigations to determine the facts are indispensable. That demand to determine the truth will enable Security Council members to come together in carrying out effective and resolute actions. As members knows, France will remain particularly vigilant and fully mobilized in this literally vital role.

Ms. Sison (United States of America): I thank the Secretary-General, Mr. Maurer and Ms. Liu for their very moving briefings. The United States deeply appreciates the life-saving work of the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières (MSF), and we commend their unstinting efforts to treat the sick and the wounded in the world's most brutal and dangerous places. We also pay tribute to all of their staff members who have made the ultimate sacrifice in their determination to help others.

As we all know, the creation of the Red Cross and the norms enshrined in the Geneva Convention can be traced back to June 1859, when the businessman Henry Dunant was so disturbed by a battle between France and Austria that he began a movement for the humane treatment of the wounded in conflict. In his book *A Memory of Solferino*, Dunant recalled a scene of the battle that inspired him to push for change. He wrote,

> "[the] guns crash over the dead and wounded, strewn pell-mell on the ground. Brains spurt under the wheels, limbs are broken and torn, bodies mutilated beyond recognition — the soil is literally puddled with blood, and the plain littered with human remains".

That was 1859. But let us consider the scene today in eastern Aleppo in 2016. Early this morning, contacts inside eastern Aleppo told us — as members of the Security Council have already heard — that two hospitals were reportedly hit by air strikes and shells, killing two patients and injuring many medical staff. There are obviously very limited options for medical care for the trapped civilians of eastern Aleppo. One medical worker told a journalist this week that non-stop bombing in eastern Aleppo means that "hospitals have no more room to receive even one more case". A radiologist said that they are running short of drugs and respirators, and do not have baby milk, especially for newborns. Another doctor, Dr. Ahmed — who was so afraid of being targeted that he did not wish to use his full name — told a reporter that "we are carrying out a large number of amputations just so that patients can survive, because otherwise we do not have the means to treat them". Many of the wounded, he continued, are dying before the doctors' eyes. They feel helpless.

In the streets of eastern Aleppo, people are frantically digging through the rubble, as we have seen, with their bare hands to find members of their families and their children because there are not enough first responders. There is not enough rescue equipment to go around. The people of eastern Aleppo are literally dying in their streets. They are maimed and wounded by air strikes carried out by Russia and the Al-Assad regime, and they are unable to receive treatment because of the medieval siege that Russia and the Syrian regime have imposed. The plains of Dunant's Solferino have become the thoroughfares of eastern Aleppo.

We must not become inured to these atrocities as Russia and the regime carry out this new offensive. We cannot forget that the tactics used in eastern Aleppo are the very same ones that the Al-Assad regime patented years ago and has deployed throughout Syria, systematically removing medical supplies from assistance convoys, denying medical evacuations, bombing hospitals to pieces and killing first responders in unconscionable double-tap attacks. Since 2011, the highly respected group, Physicians for Human Rights has documented 382 attacks on 269 medical facilities in Syria. Not one week goes by without another report of a hospital having been struck. The actions of the Al-Asaad regime and Russia are contrary to the demands of resolution 2286 (2016), which we unanimously adopted only five months ago.

This campaign against health-care sites and medical workers in Syria must end. The protection of medical facilities and personnel, as well as humanitarian personnel, continues to be eroded in conflicts around the world. In South Sudan, one of the world's most dangerous countries for aid workers, in August alone the United Nations recorded 64 incidents of violence against humanitarian workers and the equipment that they use to deliver care. Last February, an attack on the protection of civilians site in Malakal destroyed an international corps and medical facility, and killed two MSF staff. Humanitarian organizations have recorded the parties to the conflict killing patients, torching clinics, stealing medicine and threatening medical staff. At a minimum, Council members and countries in the region need to use whatever channels of influence

that they have available to insist that all parties to the conflict in South Sudan stop this violence against humanitarian and medical personnel immediately.

In Yemen, the United States shares the grave concern that MSF has expressed with regard to the attacks that have struck its medical facilities. The United Nations has verified 59 attacks affecting hospitals in Yemen in 2015 by all parties. The United States has engaged the Saudi-led coalition to emphasize the imperative of the need to take all feasible precautions to avoid harm or, in any even, minimize harm to civilians and civilian objects. We have stressed that unacceptable strikes on schools, hospitals and other civilian objects must stop, and we call on the coalition to publicly release the results of the investigations that it has launched into such incidents.

We also call on the Houthis and their allies to cease the indiscriminate launch of rockets against Saudi Arabia and the shelling of civilian areas within Yemen, causing numerous civilian casualties. All parties need to comply with international humanitarian law. To alleviate suffering, the United States urges the parties to commit to an immediate cessation of hostilities, enabling humanitarian needs to be addressed without fear of attack.

Many have also criticized the United States for the erroneous air strike on an MSF hospital in Kunduz a year ago. We accept responsibility for the strike and we have repeatedly expressed our deepest regret for it. The United States Department of Defense took full responsibility, conducted a full and transparent investigation and made the results of that investigation publically known. We have since taken steps to learn from Kunduz in order to minimize the likelihood of any future incidents.

Moreover, in July President Obama released an executive order on United States policy on pre- and post-strike measures to address civilian casualties in United States operations involving the use of force. The policy is the first of its kind. The executive order commits every component of the United States Government to work together towards the goal of reducing civilian casualties and to be transparent and learn from them when they do occur. The United States also works actively with the ICRC and non-governmental organizations to refine how we distinguish between combatants and civilians. The United States will continue to do all it can to reduce civilian casualties and to be transparent about how we meet that goal.

Let me conclude by focusing on the human consequences of attacks on and obstruction and interference in health care in armed conflict. When people are denied health care today, the consequences will be felt long, long after current conflicts end. In Nigeria, for example, vaccines are not being delivered to areas of fighting between the Government and Boko Haram. The result is that polio has re-emerged as a threat to Nigerian children, with two cases discovered last month. Polio is a disease that was cured in the 1950s. The vaccine is easy to administer and is very inexpensive. But every single day that vaccines cannot be delivered, more and more Nigerian children are at risk of lifelong disability or death, so a new generation will certainly feel the consequences of the conflict.

So much changes when the children in a conflict zone are able to access the medical care they desperately need. Last November, a sniper in eastern Aleppo shot six-year-old Shaima in the face, blinding her. However, unlike so many children who are now besieged in eastern Aleppo, Shaima was able to get out of the city in November. She told her father, "It is okay that the sniper hit me — I am not sad. God meant it to be this way and I know I will get better". Miraculously, with the help of doctors in Turkey, Shaima was able to survive and one day she may even be able to see again, once her family raises enough money for an eye operation. Shaima went through an unspeakable horror, but access to medical care will give her a future. As Shaima told a reporter, "I just want to go back to school. I know I will be there soon".

Fellow Council members, we must all do more for the children in Syria, Yemen, South Sudan, Nigeria and in so many other conflict areas — for the children who need that same chance.

Mr. Aboulatta (Egypt) (*spoke in Arabic*): I thank Secretary-General Ban Ki-moon; Mr. Peter Maurer, President of the International Committee of the Red Cross; and Ms. Joanne Liu, International President of Médecins Sans Frontières, for their very comprehensive briefings. We pay tribute to the role of those two organizations in conflict areas. We appreciate the work of all medical personnel and practitioners and thank them for their sacrifice, especially in the light of the dangers they face on a daily basis.

Early in the Egyptian presidency, the Security Council unanimously adopted resolution 2286 (2016), on the protection of civilians in armed conflict. Its elected members wanted the Security Council to rise to that challenge and confront the problems faced by health-care personnel in armed conflict. The obstruction of the delivery of assistance to those in need poses an unprecedented challenge that threatens the very foundations of international law, international humanitarian law and, of course, the principle of the protection of civilians in armed conflict.

Resolution 2286 (2016) enjoyed broad consensus, backed by nearly 85 States. However, it did not change a great deal in terms of the reality on the ground. It has not at all alleviated the horrors experienced by health-care personnel working in conflict zones throughout the world. We take note of the recommendations made by the Secretary-General (S/2016/722, annex) concerning measures to be taken to strengthen the protection of the wounded and sick, health-care personnel, hospitals and other medical facilities, in keeping with paragraph 13 of resolution 2286 (2016).

At the same time, however, we affirm once more that those recommendations must be implemented impartially and in a depoliticized way. It is also important to avoid any divisive initiatives that did not enjoy consensus during the negotiations that resulted in resolution 2286 (2016). Egypt strongly supports the very noble values of international humanitarian law, which aim to strengthen the protection of medical facilities and health-care personnel, especially in light of the current challenges facing the medical sector in conflict areas.

Egypt therefore backs the three main axes upon which the Secretary-General has based his recommendations regarding the protection of the injured, the sick and health-care personnel, as well as that of hospitals and other medical facilities. We also support his recommendations regarding the responsibility of those who perpetrate attacks against the aforementioned individuals. We believe that it is necessary to prevent further attacks and will spare no effort to ensure that we achieve the objectives of resolution 2286 (2016), in order to provide greater security to the sick, the injured and health-care personnel in areas of armed conflict.

Mr. Ramírez Carreño (Bolivarian Republic of Venezuela) (*spoke in Spanish*): We thank Secretary-General Ban Ki-moon; Mr. Peter Maurer, President of the International Committee of the Red Cross; and Ms. Joanne Liu, International President of Médecins Sans Frontières, for their valuable briefings. We would like to echo the urgent call to those participating in conflicts that they stop bombing hospitals, health-care workers and patients. We would like to express our thanks to and recognition for the thousands of medical health workers, many of whom are working anonymously but who are putting their lives on the line every day to fulfil their noble task of saving lives and alleviating human suffering in the cruel situation of those conflicts. The work of humanitarian workers is an extraordinary example of humanity and hope for peoples who are so deeply affected by the violence and the horror. Attacking health-care workers is a barbarity that cannot be justified under any circumstances.

Once again, we welcome the adoption of resolution 2286 (2016), which represents a timely political response to the systematic and serious violations of international humanitarian law that are taking place on a daily basis in the ongoing armed conflicts that have led to so much bloodshed in various parts of the world, particularly in the Middle East and Africa. What we now have to do is to comply honestly, straight-forwardly and without excuses with the mandate and purposes of the resolution.

It is difficult for us to understand how it is possible that, at a time when high-tech satellite- or laser-guided weapons are capable of killing at any distance with terrifying precision, such mistakes could be made and that concentrated bombings are targeted on medical facilities and personnel in areas of armed conflict, despite the fact that hospitals are public facilities, whose locations are well known by all parties to the conflict, and where there are early-warning protocols in place to avoid bombing situations. We cannot understand how such things can be happening and how people can keep claiming that they are simply mistakes. We therefore repudiate the attacks that have taken place against medical and humanitarian staff and facilities and means of transport in Palestine, Afghanistan, Yemen and Syria.

For us, it is unacceptable that Médecins Sans Frontières, the Red Cross and other health-care workers and humanitarian convoys of the United Nations have become military targets in war-torn areas. That is something that we cannot tolerate — that hospitals are being bombed and that doctors, the wounded and the sick are being killed those hospitals.

It seems that for very many people life does not have any value. We are seeing conflicts that are taking humankind back to times where there were no rules. Such violations not only endanger the well-being and security of millions of people, but they also worsen crises and represent an enormous challenge for humanitarian and health-care workers. It is increasingly difficult for them to carry out their humanitarian work.

We believe that we must all make a special effort to ensure that the situation is resolved and that the Security Council plays its crucial role in that regard. We fully endorse the Secretary-General's recommendations of 8 August 2016, formulated in accordance with paragraph 13 of resolution 2286 (2016), and we decisively support the proposal that was made today by Ms. Liu to the Council.

We believe that it is imperative that all countries adhere to international treaties as they pertain to the protection of health-care workers and facilities in armed conflicts and that national legislative frameworks be strengthened. We also think that peacekeeping operations and special political missions of the United Nations should play a more active role in the creation of an environment conducive to the protection of health-care workers and facilities. We also believe that both United Nations missions and the Member States that are able to bring influence to bear on the parties have the obligation to advocate for respect for, and the full implementation of, international humanitarian law.

There need to be greater efforts to document and analyse all incidents that affect the security and well-being of health-care workers and facilities and ensure that impartial, independent and prompt investigations are carried out and that those who are suspected of perpetrating such acts are brought to justice. Reparations must be provided to the victims of the damage caused.

Finally, my country, the Bolivarian Republic of Venezuela, has never attacked any other country. We have never participated in any military coalition. Nor do we have double standards on that issue. We also do not have double standards when it comes to bombing humanitarian workers in particular. We do not justify some attacks and remain silent on others. We do not denounce some and use others for political purposes. Nor do we sell weapons to anyone or, much worse, spend billions of dollars on the terrifying weapons of death. That is to say that we have all the political moral and ethical force to call upon countries that participate in conflicts to cease the killing and violence against humanitarian workers, and we, as a member of the Security Council, will do everything necessary to ensure that the horrors of war that we are seeing in these meetings are at least brought under control. The most important thing is for us to achieve peace and for the extraordinary health-care workers to be able to continue to be deployed and do their magnificent work in favour of life and human beings.

Mr. Wu Haitao (China) (*spoke in Chinese*): China commends the initiative taken by New Zealand to convene this meeting on the protection of medical personnel and facilities in armed conflict. I wish to thank Secretary-General Ban Ki-moon for his briefing. China has listened carefully to the statements by the President of the International Committee of the Red Cross, Mr. Peter Maurer, and the representative of Médecins Sans Frontières, Ms. Joanne Liu.

Last May, the Council unanimously adopted resolution 2286 (2016), which calls upon the parties to armed conflicts to enhance the protection of medical personnel and facilities in armed conflict. This underscores the importance that the international community attaches to the question of the protection of medical personnel and facilities in armed conflict. China pays tribute medical personnel and the relevant humanitarian agencies for their humanitarian spirit in healing the wounded and rescuing the dying in extremely harsh conditions and at the risk of their own safety. I would like to make the following points.

First, emphasis should be put on promoting political processes to resolve regional hotspot issues. Only by ending conflict will it be possible once and for all to eliminate security threats to medical personnel and medical facilities. The Security Council should actively work to promote dialogue and negotiations and facilitate efforts by the parties to conflict to end them and resolve their differences through dialogue and negotiations, thereby eliminating conflicts. The international community should also adhere to a fair and objective stance and play a constructive role in promoting political solutions, so as to create favourable conditions for protecting the safety and security of medical personnel and facilities during armed conflicts.

Secondly, it is incumbent upon the Governments concerned and the parties to the conflict to protect medical personnel and facilities in armed conflicts. The Governments concerned bear the primary responsibility

for protecting civilians within their borders, and they should therefore strengthen their measures to protect medical personnel and facilities. The countries concerned should investigate, in accordance with the law, violent acts, including attacks against and threats to medical personnel and facilities in armed conflicts. Parties to a conflict should adhere to international humanitarian law and abide by Council resolutions and fulfil their duty to protect and allow access to humanitarian assistance. The international community should provide support and assistance on the basis of full consultations with the countries concerned.

Thirdly, humanitarian operations must win the understanding and trust of the parties concerned. In armed conflicts, as medical personnel and humanitarian agencies carry out operations in the discharge of their medical duties, they must adhere to the purposes and principles of the Charter of the United Nations, fully respect the sovereignty and territorial integrity of the countries concerned; adhere to impartiality, fairness and independence; follow guiding humanitarian principles and avoid getting involved in conflicts. Such practices will help to protect medical personnel and facilities in armed conflict.

Fourthly, the United Nations and humanitarian agencies should work in synergy to protect medical personnel and facilities. The United Nations should conduct an in-depth study and comprehensive assessment of humanitarian risks and challenges in armed conflicts. On the basis of the views of the countries concerned, it should establish effective mechanisms for communicating with medical personnel and humanitarian agencies and engage in the timely exchange of information concerning the situation on the ground, so as to establish conditions favourable to the protection of humanitarian efforts, medical personnel and their facilities. On their part, medical personnel and relevant agencies also need to exercise their own awareness of risks and enhance their own safety and protection.

Mr. Ibrahim (Malaysia): I join others in thanking Secretary-General Ban Ki-moon for his participation in this important meeting, convened pursuant to resolution 2286 (2016), which Malaysia strongly supports.

I also wish to join other sponsors of that resolution and Council members in expressing special thanks and appreciation for the participation of Mr. Peter Maurer and Ms. Joanne Liu, representing the esteemed organizations the International Committee of the Red Cross and the Médecins Sans Frontières (MSF), respectively. Their briefings provided a harrowing glimpse into the daily struggles and increasing challenges and risks faced by health-care providers in situations of armed conflict. We pay our deepest respects and highest tribute to those health-care providers who risk their lives and selflessly devote themselves to this noble cause.

Documented evidence of attacks, deliberate or otherwise, on the wounded and the sick, medical personnel and health facilities across many ongoing conflict areas underscores the grim reality that international humanitarian law has been wilfully ignored and, in some cases flagrantly violated on multiple occasions by belligerent parties. Resolution 2286 (2016), as Ms. Liu noted, has failed to change anything on the ground. Therefore, the Council now has the obligation to evaluate and mainstream the Secretary-General's recommendations (see S/2016/722, annex) on measures to prevent acts of violence against the wounded and sick, as well as health-care personnel, in situations of armed conflict. We see today's meeting as an important small step towards realizing that commitment. That is an urgent and priority task for the Council.

As an illustration, despite the 9 September ceasefire agreement reached by Russia and the United States, health-care providers and facilities in Syria continue to be targeted. In addition, the challenges faced by medical personnel seeking to treat victims are enormous and compounded as the attacks and fighting escalate. Just two days ago in Aleppo, a hospital was struck during an air assault on the area. More than a week ago, an Aleppo-bound 31-truck humanitarian convoy carrying medical supplies, among other things, was also attacked.

Unfortunately, Syria is not the sole conflict where there is an abhorrent lack of respect for the principle of medical neutrality. As Ms. Liu clearly mentioned, the conflict in Yemen has also seen attacks against fully functioning hospitals as recently as mid-August. We regret to learn that, due to escalating hostilities against medical facilities, the situation has become so untenable that MSF was forced to withdraw from six hospitals in northern Yemen.

That disturbing situation merits deeper, urgent concentration and response through concrete actions that go further than mere condemnation. To that end, the

Secretary-General's recommendations should provide a guiding framework. As a first step, the Council should muster the will to implement recommendations on the need for a full, prompt, impartial, independent and effective investigation into attacks against health-care systems in situations of armed conflict. As attacks against medical personnel and facilities in many conflict situations continue unabated, the establishment of an international fact-finding mission or recourse to the International Humanitarian Fact-Finding Commission, in line with the Geneva Convention, to investigate allegations of those serious violations would allow us to pursue accountability and deliver justice.

Impunity will only compound the atrocities committed against health care. Malaysia therefore reaffirms its support for both resolution 2286 (2016) and the Secretary-General's recommendations, which call for investigations into all allegations of violations, as well as taking measures against the perpetrators. All perpetrators must be held accountable.

Before I conclude, my delegation would like to pay tribute to the fallen medical personnel devoted to saving others and to express our gratitude to the noble role played by those who continue to do so under dangerous and trying circumstances. As we seek to shield the very persons protecting the civilians at large, the protection of medical personnel and health facilities should be high on the Council's agenda. The Security Council must persist in defending and protecting the safety of medical personnel and health facilities in situations of armed conflict — an undertaking to which Malaysia is fully committed.

Mr. Gaspar Martins (Angola): We welcome and thank the Secretary-General for his briefing and his clear recommendations (S/2016/722, annex) for the protection of civilians and of health-care workers and facilities in armed conflicts and for his compelling call on the parties to conflicts to strictly uphold and implement them.

We also thank Mr. Peter Maurer, President of the International Committee of the Red Cross, and Ms. Joanne Liu, International President of Médecins Sans Frontières, for their very enlightened briefings this morning and for bringing here to the Council the real situations that persist in a number of parts of our common globe, to which we must pay special attention.

Angola is deeply concerned by the prevalence of attacks on health-care workers and medical facilities in conflict zones, with a devastating impact on people in need of health care and humanitarian assistance. Humanitarian access remains a key challenge as the parties to conflicts deliberately obstruct the delivery of assistance to civilians trapped in conflict zones. Attacks against humanitarian and health-care workers and facilities, their means of transport and equipment; the arbitrary denial of humanitarian access; bureaucratic restrictions; interference in the delivery of assistance; and depriving civilians of their means of survival are flagrant violations of international humanitarian law set down in the Fourth Geneva Convention of 1949, its Additional Protocols of 1977 and 2005, as well as the Convention on the Safety of United Nations and Associated Personnel and its Optional Protocol. Moreover, such acts of violence exacerbate the conflicts and undermine the Security Council's efforts, as mandated by the United Nations charter. South Sudan, Afghanistan, Syria and Yemen are some of the instances where vital humanitarian supplies are looted, damaged or destroyed, prolonging the population's suffering and the conflicts themselves.

Regrettably, and despite the robust normative frameworks set out in several resolutions and presidential statements issued by the Security Council, especially the unanimously adopted resolution 2286 (2016) on the protection of civilians in armed conflicts, we continue to witness constant violations of these principles. Angola condemns all attacks against humanitarian and health-care personnel and facilities, and urges the parties to conflicts to fully comply with their obligations under international humanitarian, human rights and refugee law. We repudiate the prevailing impunity for violations and abuses committed against medical and humanitarian personnel. Parties to conflicts bear the primary responsibility for meeting the basic needs of the civilians under their control, and we agree with the Secretary-General's assessment that humanitarian organizations must be able to engage systematically with all parties to conflicts in order to secure and maintain humanitarian access and alleviate the human suffering of those trapped in conflict.

Resolution 2286 (2016) conveyed a strong signal on the rejection of such violations of international humanitarian law. The Secretary-General's recommendations are an extremely important tool to put an end to that scourge. We call for their implementation by all relevant actors. The Council cannot continue to meet and simply listen to the appeals and descriptions of

the prevailing situations in different parts of the world, especially when called to briefings by the International Committee of the Red Cross and Médecins Sans Frontières. We must act, and the time for action is now. It is even late — we must act.

Mr. Okamura (Japan): Mr. President, I thank you for convening this meeting. I would also like to convey my gratitude to the Secretary-General; to Ms. Liu, International President of Médecins Sans Frontières; and Mr. Peter Maurer, President of the International Committee of the Red Cross, for their briefings and, of course, their appeal to the Security Council.

Even in times of peace and stability, medical facilities and medical care save lives every day, but in the context of armed conflict, access to medical care becomes an immediate life-or-death concern for all innocent civilians caught in the grips of war. Hospitals represent the last, and sometimes only, hope for survival for those that are injured. Attacks on medical facilities threaten or even dash that hope.

We believe that attacks on medical facilities for strategic purposes are malicious, beyond human decency and absolutely unacceptable. In service of that belief, Japan took the lead, along with Egypt, New Zealand, Spain and Uruguay, in drafting and ensuring the adoption of resolution 2286 (2016) in May. The adoption of the resolution by consensus demonstrated the firm commitment of the Security Council to ensuring that medical facilities are fully protected and secured, even under combat.

However, as briefed by the representatives of Médecins Sans Frontières and the International Committee of the Red Cross earlier, attacks against medical facilities have continued in those conflict areas even after the adoption of resolution 2286 (2016). The lives of medical workers remain under threat, and their deaths continue. We share our grief and anger with Médecins Sans Frontières and the International Committee of the Red Cross. We would like to express our profound respect for the courage and devotion of all medical staff working in the field during the conflict.

We thank those who helped draft the Secretary-General's recommendations to the Council, detailing various practical measures. Japan would like to once again urge all parties to armed conflict to take concrete actions in furtherance of the recommendations before us and the briefings delivered today, in order to protect medical care in armed conflict. I fully agree with the Ambassador of Malaysia in believing that one of the main factors behind the failure to prevent the recurrence of attacks against medical facilities is the lack of accountability. When such attacks are conducted, the facts of the attack are difficult to ascertain, different sides of the conflict cast blame on each other, no thorough investigation is ever conducted and therefore, ultimately, accountability cannot be enforced.

In that context, I would like to draw the Council's attention to the Secretary-General's recommendations. Recommendation 11 indicates that Member States

> "should develop protocols and processes to ensure full, prompt, impartial, independent and effective investigations into allegations of serious violations of international law relating to the protection of medical care in armed conflict." (*S/2016/722, annex, para. 28*)

The recommendation goes on to state that

> "[w]hen Member States fail to carry out such investigations, the Security Council should consider establishing international fact-finding missions or commissions of inquiry, or have recourse to the International Humanitarian Fact Finding Commission established pursuant to Article 90 of Additional Protocol I to the Geneva Conventions." (*ibid., para. 30*)

It further reads that

> "Member States and parties to armed conflicts should provide support to, and facilitate the work of, fact-finding missions" (*ibid., para. 31*).

Here, Japan emphasizes the important role of the International Humanitarian Fact-Finding Commission in ensuring the objective and fair application of international humanitarian law. Hence, Japan has contributed and will continue to contribute to that body, both financially and with personnel. Here, I would like to underline that the Security Council should play an active role in fact-finding and ensuring accountability in that regard. Japan is determined to collaborate with the United Nations and all the parties concerned on that issue.

Mr. Fesko (Ukraine): During our meeting in May when the momentous resolution 2286 (2016) was adopted, Ms. Liu said that we should make the resolution save lives (see S/PV.7685). We could not agree more. Yet, now in September, we must admit that the goal is

still out of reach. Tragically, Syria is the worst example of attacks against medical facilities. According to the World Health Organization, almost every day hospitals, clinics and ambulances are being targeted in that country. So far in September there have been two especially hideous attacks against medical facilities in Syria: one on a humanitarian convoy, on 19 September, and another one the very next day on a medical mobile unit in an opposition-controlled area of Aleppo. This morning we learned of yet another bombing, that of two hospitals that provide badly needed services to the people of eastern Aleppo. Frankly, we are speechless. We join the call made by other delegations around this table on the Syrian regime and its Russian ally to stop these barbaric acts.

In Yemen, medical facilities have also become a frequent target of airstrikes. Unfortunately, the situation is not much different in Afghanistan, where in the past three months alone there have been eight attacks against health-care facilities.

It is against this appalling backdrop that we must urgently consider how to make resolution 2286 (2016) work. In this regard, we took note of the recommendation of the Secretary-General to enhance the protection of medical and humanitarian personnel.

We would like to emphasize that international humanitarian and human rights law has sufficient provisions providing legal protection to medical and humanitarian personnel and related facilities. Nevertheless, quite often these provisions are not respected and are violated by parties to armed conflict.

In that light, we would like to underline the following recommendations made by the Secretary-General.

First, there must be enhanced documentation of acts of violence against medical personnel and facilities in armed conflict. The collection and public recording of data on attacks on health services is a key element in developing an effective preventive system. Thus we would like to echo the recommendation of the Secretary-General to Member States that they enhance their support for United Nations monitoring and data-collection efforts.

Secondly, we must ensure that independent and effective investigations are carried out into serious violations of international law against medical personnel and facilities in armed conflict.

In this regard, we deem it necessary to hold Security Council briefings on country situations where medical care is under attack. Such briefings should, in our view, include information on the investigative steps that the relevant Member States have taken. In addition, the recommendation to the Council on the possible establishment of international fact-finding missions or commissions of inquiry deserve our most careful consideration.

Thirdly, we must ensure accountability for acts of violence against medical care in armed conflict.

It is of the utmost importance that those responsible for such war crimes be held accountable. We share the view that where domestic accountability mechanisms are insufficient, Member States should cooperate fully with existing international criminal justice institutions, including the International Criminal Court, to combat impunity and to ensure respect for international humanitarian law.

Mr. Zagaynov (Russian Federation) (*spoke in Russian*): We are grateful to the Secretary-General and to the briefers for their participation in this meeting.

The issue of the protection of civilians in armed conflict unfortunately continues to be an urgent one. We share the briefers' concerns about the reports of casualties among civilians and humanitarian and medical personnel. We are very grateful for the selfless work of the doctors who risk their own lives to carry out their professional duties in conflict zones. We are exceedingly concerned about attacks on medical facilities and personnel and condemn them firmly. The circumstances of such events require careful, independent investigation. Mindful of the special significance of medical facilities and the danger their personnel face during conflict, our delegation supported the adoption in May of resolution 2286 (2016). We are carefully studying the recommendations of the Secretary-General in that regard in the expectation of a detailed discussion of them and we hope to get some clarification on the questions we have about them.

At this stage, we would like to make a few general comments. The primary responsibility for the safety and security of humanitarian personnel and others who are entitled to special international protection in accordance with the Geneva Conventions, lies with every party to an armed conflict. They must make every possible effort to avoid the death of civilians, including medical personnel, in order to abide by

international humanitarian law. Clearly, that does not cover situations in which medical personnel suffer at the hands of those who are supposed to protect them. To deal with that, Member States and United Nations and humanitarian organizations should mobilize additional efforts aimed at strengthening the mechanisms for providing security to medical facilities and their personnel in armed conflict.

Against the backdrop of today's information wars, in considering this issue every United Nations body should operate using verified information that is not open to doubt. It is important to ensure that the Secretary-General's reports submitted in response to Security Council resolution 2286 (2016) include only reliable information.

Lastly, we consider it essential to approach the problem of ensuring the safety of medical personnel in the context of the protection of civilians generally, without creating any sort of hierarchy among the various categories.

Today a lot has been said, and said very emotionally, about the tragedy of the citizens of Syria and the conditions in which medical workers have to operate there. The suffering of the country's civilian population must be stopped. There was a real chance of achieving that in the Russian-United States agreements of 9 September. Our approach to what is going on in Syria at the moment, as well as to countering the terrorist groups that are firmly established on its territory, has been laid out in detail in the Security Council meetings held on 22 and 25 September (see S/PV.7775 and S/PV.7777, respectively), as well as in other formats. We will not repeat it all again but will focus on the following points.

It has already become a sort of tradition that the majority of strikes on civilian targets in Syria are indiscriminately — by default, as it were — blamed on Damascus and Russia. That trend has continued today. In zones of conflict, including the Middle East, similarly unacceptable incidents have been a natural consequence of the policies of destabilization of the United States, with the support of its allies. Hospitals have been reduced to rubble as a result of strikes by the Americans or their allies.

We all recall the tragedy of the bombing of the Médecins Sans Frontières hospital in Kunduz, Afghanistan, in October 2015. The coalition in Yemen has destroyed civilian infrastructure, including medical facilities, and the United States has given direct assistance to that through its air force. Some European capitals have generously supplied that coalition with arms. From time to time, the pressure of the facts produces admissions and apologies. In the case of the deadly attack American air attack in Kunduz in particular, there were investigations and disciplinary proceedings, and improvements were made in the air force's operational guidelines. But what does that really mean? None of the military personnel involved were convicted; they continued to serve. According to the information in the media, the compensation paid to the families of the victims was merely symbolic. Regarding the operating improvements for the air force that I mentioned, we have to ask how they resulted in the alleged mistakes made in the United States-led coalition's bombardment of Syrian army positions in the city of Deir ez-Zor, the strikes on the city of Manbij on 19 July, where almost 100 civilians died, according to reports, and the attack on 28 July on the town of Al-Ghandoura.

Within the Syrian conflict there has been a persistent desire to supersede the Government at any price and to redraw the geopolitical map of the region. At one point there was a possibility to prevent the start of this conflict, and there has been more than one chance to end it and reach a political settlement, to which there can be no alternative. However, instead of seeking a collective solution, the representatives of the States directly responsible for fanning the flames of the war in Syria prefer to rehearse endless anti-Russian fabrications in the Security Council and in other forums. What we are hearing in the media now is nothing but speculation that exploits people's suffering for propaganda purposes and to divert attention from their own failed policies.The information is often based on unreliable data from neighbourhoods under the control of armed groups that have a direct interest in discrediting the activities of the Syrian Government and Russia. The work with so-called witnesses is frequently done in Syria's neighbouring States and falsified information is spread.

For our part, we urge the rejection of provocative rhetoric and that we put all our efforts into bringing an end to the conflict in Syria as quickly as possible. We already have a good basis on which to work, including through the Russian-American collaborative effort.

Mr. Wilson (United Kingdom): I would like to thank the Secretary-General for the clarity of his briefing

and for sharing his recommendations with us today. These ideas will help us protect and prevent attacks on medical personnel and their places of work. The United Kingdom welcomes this important contribution.

At the outset, I want to pay tribute to Ms. Joanne Liu and Mr. Peter Mauer from Médecins Sans frontières and the International Committee of the Red Cross (ICRC), respectively. I want to highlight one thing each of them said to us. Ms. Liu told us that throwing medical impartiality to the wind is becoming a new form of warfare. Mr. Mauer said that we must show that international humanitarian law remains relevant for people bearing the brunt of war. That is a wake up call for the Council. He and his colleagues are carrying out vital work, so often in the most harrowing of conditions and so often at great risk to themselves.

Sadly, five months since the adoption of resolution 2286 (2016), the overwhelming dangers facing Médecins Sans Frontières, the International Committee of the Red Cross and others operating in conflict zones are still painfully apparent. Despite resolution 2286 (2016) and despite the clear protections provided under international humanitarian law, medical workers continue to be injured and killed as they work to save the lives of others in Syria, in Yemen in South Sudan, in all the countries Mr. Mauer listed and in so many places around the world.

But let us be honest here — the most starkly this is on display is in Aleppo. This is not a propaganda point; it is a fact. We have just heard today about air strikes against the two largest remaining hospitals in rebel-held eastern Aleppo. That is a fact. We, the Council, cannot hide behind the passive voice. We need to be clear. The only air forces caring out strikes in eastern Aleppo are the Syrian and Russian air forces. That is also a fact.

As the Secretary-General said just now, those using ever more destructive weapons know that they are committing war crimes. Aleppo is now a city that is synonymous with suffering. It is a city synonymous with medics working by the lights of their phones with only the most basic supplies. It is a city synonymous with rubble, dust and unrelenting bombardment — a sickening test bed for even crueller, even more barbaric weapons. Syria and Russia bear full responsibility for these atrocities.

And yet this is just the tip of the iceberg. While 400,000 people have died as a direct result of the conflict, the secondary death toll, as a result of the destruction of the health-care system, will be much higher. Access to vaccinations, neonatal care, maternal health care, women's health care — all these things have all but disappeared. Once extinct diseases like polio have returned and measles, typhoid, hepatitis and tuberculosis are now reaching dangerous levels. In cities like Madaya, we hear heartbreaking stories like that of Ghina Ahmad Wadi, who was shot by a regime sniper last month. For over two weeks the regime denied her medical evacuation before she eventually received the attention she needed. Why? Together with the forced removal of medical supplies from convoys, such actions amount to amount to a calculated dismantling of Syria's health-care system.

Our concern also extends to Yemen. 40 million people are in need of humanitarian assistance. Improving access to them is a top priority for the United Kingdom. We call on all sides to improve the flow of essential medical and humanitarian supplies to alleviate the suffering. We also take very seriously reports of violations of international humanitarian law in Yemen, including attacks on medical facilities. All sides must conduct thorough and conclusive investigations into all incidents where it is alleged that international humanitarian law has been breached.

Wherever in the world international humanitarian law is breached and whomever by, we must ensure accountability. We owe it to the people of Aleppo and to countless more around the world. To do so, it is clear that we need to gather the evidence and collect the data to bring this about. We welcome the Secretary-General's drawing attention to this in his recommendations. Groups like Da'esh, which conduct sickening attacks on medical workers and facilities are no exception. That is why our Foreign Secretary, Boris Johnson, announced last week that the United Kingdom, alongside Iraq, will bring a proposal to the United Nations calling on the Organization to gather and preserve evidence of Da'esh's crimes in Iraq. We did so because there can be no impunity. We therefore support the Secretary-General's recommendation that where domestic accountability mechanisms are insufficient or inadequate, international accountability mechanisms should be sought, including the International Criminal Court.

I want to conclude by once again stressing the importance of international humanitarian law. Where there is armed conflict, civilians and those who

provide medical assistance must be protected. I am proud to reaffirm the United Kingdom's commitment to upholding these laws. I urge all Council members to follow suit.

The President: I shall now make a statement in my capacity as the representative of New Zealand.

I want to begin by thanking the Secretary-General, Ms. Liu and Mr. Maurer for their briefings, and I want to underline the gravity of the messages they have conveyed to the Council.

We adopted resolution 2286 (2016) in May with a degree of optimism and a strong sense of unanimity. Eighty-five countries sponsored the resolution, making it one of the most widely sponsored Security Council resolutions ever. As one of the drafters, New Zealand hoped the strong message it sent about the need to protect health-care workers and facilities in times of armed conflict would be heeded where it most matters — in the conflicts that are currently on the agenda of the Council. The past few months have been more than dispiriting.

As we have heard, attacks against medical workers and facilities and against the humanitarian convoys delivering medical supplies, have increased since the adoption of the resolution. As others have reminded us, these attacks are taking place in various places around the world, but for frequency and ferocity Yemen and especially Syria are in classes of their own. In Yemen, indiscriminate attacks, including the deadly attack on the hospital in August, resulted in Médecins Sans Frontières having to withdraw support from six hospitals in northern Yemen. The result has been increased suffering and deaths of innocent Yemenis.

Syria is the most dangerous country in the world for health-care workers, largely as a result of the actions of the Syrian Government. We have seen a clear pattern of systematic targeting of hospitals, clinics and ambulances, obstructing health workers and confiscating life-saving medicines and equipment. It has been reported that all hospitals in eastern Aleppo have been subject to military attacks and are only partially functioning as a result. As we have reported today, there have been two more attacks on hospitals in eastern Aleppo overnight.

The apparently deliberate attack last week on a humanitarian convoy near Aleppo represented a new low for a conflict that has been characterized by flagrant violations of international humanitarian law. Like so many other recent attacks on healthcare and humanitarian workers, it probably constitutes a war crime. Such attacks show that some Member States of this Organization are willing to deliberately breach or show reckless disregard for international law in order to achieve their military and political ends. That charge applies both to those that carry out such attacks and to those who ally themselves with such states. Such behaviour is utterly unacceptable.

The Secretary-General's letter (S/2016/722, annex) provides recommendations that we fully support. If followed, they will help operationalize the measures contained in resolution 2286 (2016), which reflect well-established and long-standing rules of international humanitarian law. I wish to highlight several that deserve particular attention.

First, States can and should do more to ensure that international legal frameworks relating to the protection of medical care in armed conflict are reflected in domestic law, as well as in relevant rules of engagement, military manuals and other operational guidelines. Compliance with international humanitarian law is not discretionary. It is as binding on States as any other rule of international law.

Secondly, States must promote understanding of international humanitarian law within their armed forces through regular training and the enforcement of military discipline.

Thirdly, we must get serious about holding to account those most responsible for attacks on health-care workers. Resolution 2286 (2016) strongly condemns the widespread impunity for attacks against health care, and urges States to conduct full, prompt, impartial and effective investigations. It is critical that these investigations be rigorous and serve the interests of justice, including the rights of victims.

The Security Council has an important role to play in ensuring that violations of international humanitarian law are properly investigated and, where appropriate, that those responsible are held accountable. While the Council cannot be the global enforcer of international humanitarian law, we must be willing to use the tools available to us when the circumstances demand.

Finally, continuing assaults on medical workers and facilities demonstrate the critical need for ongoing oversight by the Council. We ask the Secretary-General

to continue drawing attention to this issue in his regular reports to the Council. This reporting must be supported by the consistent collection of relevant data, including through information-sharing between the United Nations and relevant entities, such as the World Health Organization.

The Council should use the annual briefing provided for in resolution 2286 (2016) to highlight key challenges and to press States to take further steps, including by using their influence over warring parties, to improve compliance with international humanitarian law. We owe it to all those civilians caught up in conflict, as well as those who risk their lives to save others, to ensure that health-care workers are protected and that their neutrality is respected. Most of all, Council members have to show by their behaviour here and in the conflicts in which they are involved that their respect of international law is real. If they do not, they call into question the very purpose of this body and their right to sit on it.

I now resume my functions as President of the Security Council.

The representative of the Russian Federation has asked to make a further statement.

Mr. Zagaynov (Russian Federation) (*spoke in Russian*): I merely wish to briefly clarify the fact that, as I understand it, the interpretation of my statement was not entirely accurate. My reference to the fact that the suffering of civilians in Syria must come to an end was interpreted incorrectly. In that respect, we would ask members to refer to the correct version of our statement, which, as always, shall be circulated later.

The President: On behalf of the Council, I want to Ms. Liu and Mr. Maurer for their contributions to this debate. I commend them and all the people who work with them for their bravery and dedication.

I now invite Council members to informal consultations to continue our discussions.

The meeting rose at 12.05 p.m.